

Hospice Certifying Physician Enrollment Requirements

June 6, 2024

Beginning June 3, 2024, Medicare requires a physician be enrolled in or validly opted-out of Medicare to certify a patient's terminal illness for the Medicare hospice benefit. This requirement applies to the hospice physician and attending physician (if any), at the time they certify or recertify a Medicare beneficiary's terminal illness in order for Medicare to pay for hospice services. To implement this requirement, CMS issued hospice claims edit instructions with additional guidance. In response to physician enrollment challenges and inconsistencies in this guidance, NAHC and NHPCO have continued to engage with the Centers for Medicare & Medicaid Services (CMS) to clarify claim reporting guidelines and address implementation challenges on behalf of our membership. The following FAQ document reflects a combination of CMS Q&As, guidance, and claims edit instructions regarding the hospice certifying physician enrollment requirement.

Disclaimer: *This document is provided for informational purposes only based on the understanding of NAHC and NHPCO as of the date of this document. Hospice providers are responsible for ensuring services are provided in compliance with all applicable Federal and State laws and should consult with their Medicare contractor or other payer before implementing or changing any billing processes or decisions.*

Frequently Asked Q&As and Claim Reporting Guidelines

Q1. Does the physician enrollment requirement apply to referring physicians?

- A.** No, the requirement to be Medicare enrolled or have a valid opt-out affidavit on file applies to only the hospice physician and attending physician, if any, at the time they certify or recertify a patient's terminal illness. Physicians who refer patients to hospice are not responsible for certifying the patient's terminal illness under the Medicare hospice benefit, unless they are otherwise serving in a hospice physician or hospice attending physician role. See [42 CFR 424.507\(b\)](#). In Change Request (CR) 13531, the referring physician field (REF PHYS) on the electronic hospice claim form is equivalent to the Other Physician field (OTHER) on the hospice claim, not to a physician who actually refers a patient to the hospice.

Q2. Does the physician enrollment requirement apply to a nurse practitioner (NP) or physician assistant (PA) serving as a patient's designated attending physician?

- A.** No, the requirement to be Medicare enrolled or validly opted-out does not apply to an NP or PA serving as a patient's attending physician. This is because only physicians may certify hospice services under the Medicare benefit. See [CMS Hospice Certifying Enrollment Questions and Answers \(Q & A\) Document](#).

Q3. Does the physician enrollment requirement apply to physician orders, such as in the case of an on-call physician?

- A.** No, the requirement to be Medicare enrolled or validly opted-out applies only to physicians at the time they certify or recertify a patient's terminal illness under the Medicare hospice benefit. The requirement does not apply to physician orders for services, items, and drugs for hospice patients. If, however, a beneficiary's terminal illness is certified by a physician who is not Medicare enrolled or validly opted-out

at the time they make the certification, then Medicare will not cover hospice services. See [CMS Hospice Certifying Enrollment Questions and Answers \(Q & A\) Document](#).

Q4. Who should be listed on the claim beginning June 3, 2024?

- A. CMS stated the following in a [Hospice Certifying Enrollment Questions and Answers \(Q & A\) Document](#): Starting June 3, 2024, CMS is only verifying the enrollment/opt-out status of the physician listed in the claim's "Attending Physician" field when the claim is submitted for the initial certification/recertification. Accordingly, hospices should enter the certifying physician in the "Attending Physician" field. So long as the hospice enters a physician in the "Attending Physician" field and that physician is in the PECOS record that is valid for edit dates, the claim will not edit.

Beginning October 7, 2024, CMS will begin verifying the enrollment/opt-out status of physicians listed in the "Other Physician" field. Once that occurs:

- CMS will check both the "Attending Physician" field and the "Other Physician" field.
- Both physicians, if different, will be subjected to the ordering and certifying denial edits for the initial certification period.
- For subsequent certifications, CMS will only check the "Other Physician" field for the certifying physician.

Hospices should enter the attending physician in the "Attending Physician" field and the certifying physician in the "Other Physician" field. If the patient does not have an attending physician, the hospice should report the hospice certifying/recertifying physician in the "Attending Physician" field. See the Hospice Claim Form Reporting Guide below for additional details.

Q5. Will CMS only verify the NPI of the physician on the hospice claim, or the physician's name as well?

- A. Through Change Request 13342, CMS has instructed the MACs to validate the first four (4) letters of the physician's last name to the first 4 letters of the physician's last name in the PECOS file, in addition to the physician's NPI. This means it will be important to ensure that both the NPI and physician name entered on the claim matches the NPI and physician name in PECOS.

Q6. Will CMS verify physician enrollment status on claims submitted after June 3, 2024, for a date of service that occurred prior to June 3, 2024?

- A. No, CMS will only verify physician enrollment on claims with a Statement From Date on or after June 3, 2024. In a [Hospice Certifying Enrollment Questions and Answers \(Q & A\) Document](#) CMS stated "the edits will only apply to claims with dates of service on or after June 3, 2024. If the service began prior to June 3 but continues through and after June 3, the edits will not apply until a claim is submitted with dates of services on or after June 3."

Q7. What happens if the claim does not have occurrence code 27 (date of hospice certification or recertification)?

- A. Beginning June 3, 2024 and until October 6, 2024, if the hospice claim includes Occurrence Code 27 and its associated date, CMS will verify that the physician listed in the Attending Physician field has a Medicare enrollment or valid opt-out affidavit on file that matches the Occurrence Code 27 date. During this period, if the claim does not have Occurrence Code 27 and its associated date, CMS will instead verify that the physician listed in the Attending Physician field has a Medicare enrollment or valid opt-out affidavit on file that matches the "From" date on the claim, e.g., 6/3/24.

Beginning October 7, 2024 and thereafter, CMS will verify that physicians (if different) listed in both the Attending Physician field and Other Physician field have a Medicare enrollment or valid opt-out affidavit on file that matches the Occurrence Code 27 date, if equal to the claim admission date. In situations

where Occurrence Code 27 is included and it is not equal to the claim admission date, CMS will not verify the enrollment of the physician listed in the Attending Physician field.

Q8. How will CMS process hospice claims that are submitted on or after October 7 (the implementation date of Change Request 13531) for a date of service that occurred prior to October 7, 2024?

- A. CMS will apply claims edits in Change Request 13531 to hospice claims submitted on or after October 7, 2024 with a From date occurring on or after June 3, 2024. This is because Change Request 13531 includes an effective date of June 3, 2024. This means hospices will need to be mindful of claim reporting guidelines when submitting claims on or after October 7, 2024, even for dates of service occurring after June 3, 2024 and before this time.

Q9. How should hospices verify physician Medicare enrollment information?

- A. CMS has indicated that hospices should refer to the Ordering and Referring Data File (ORDF) to determine a physician's Medicare enrollment or opt-out status. This file was updated in April 2024 to include a column for hospices, similar to existing columns for DMEPOS and HHAs. The ORDF can be found on [the CMS data website](#). Note that NPs and PAs will show up as an 'N' on the Ordering and Referring Dataset (ORDF), as while they may be eligible to order other services, items and equipment under the Medicare benefit, these practitioners cannot certify a patient's terminal illness under the Medicare hospice benefit.

If a physician does not show up on the ORDF, hospices may also check the [Provider Opt-Out Affidavits Look-up Tool](#) to verify whether the "Eligible to Order and Refer" field has a "Yes" or "No" populated for the physician. If no is indicated, the physician may not certify services under the Medicare hospice benefit.

Q10. How does a physician enroll in Medicare?

- A. To enroll in Medicare, physicians may complete and submit the appropriate enrollment application, Form CMS-855, to the **Part B** Medicare Administrative Contractor (MAC) for their region. This application includes:
- The [CMS-855I \(PDF\)](#) form is for physicians and non-physician practitioners who want to bill Medicare Part B for services.
 - The [CMS-855O \(PDF\)](#) form is for physicians and non-physician practitioners who only want to order and certify services under Medicare.

This application may be submitted via paper or electronically through the internet-based Provider Enrollment, Chain, and Ownership System (PECOS). After receiving the enrollment application, the MAC and CMS will review the application to determine whether the physician, provider, or supplier meets all applicable Medicare requirements.

Physicians and providers may also check in with their MAC regarding their enrollment status - [Contact Your MAC \(PDF\)](#).

NOTE: It has come to our attention that hospices have experienced denials and delays associated with 855I physician enrollment applications on the basis that practitioners may not enroll if the only services they are performing are through a hospice. In other words, 855I applications have been denied because a physician, a Part B provider, may not reassign benefits to the hospice as a Part A provider. Therefore, to the extent that a physician is employed by a hospice, and the hospice has a Part B entity, such as a palliative care program (which would be credentialed through Medicare Part B), we recommend enrolling the physician through the Part B entity. However, a physician risks having this enrollment deactivated if he/she has a six-month period without submitting a claim to Medicare Part B.

Q11. How does a physician validly opt-out of Medicare?

- A. Physicians may complete and submit an Opt-Out Affidavit Form (available from their respective Part B MAC) to validly opt-out of Medicare services. A physician who has validly opted-out of Medicare may still certify a patient's terminal illness under the Medicare hospice benefit. Physicians may contact their Part B MAC through the following CMS resource - [Contact Your MAC \(PDF\)](#).

Q12. What is the effective date of Medicare enrollment for a physician who had their enrollment application approved?

- A. The Medicare enrollment effective date is the later of the application receipt date, or date of first services as a new location (up to 30 days prior to application receipt). CMS has put together a helpful [presentation](#) to understand the Medicare enrollment process.

Q13. Do hospices need to re-check enrollment information for a physician who has enrolled in Medicare?

- A. Yes, because Medicare enrollment is only temporary. CMS requires providers to revalidate their PECOS enrollment every five years (except for DME suppliers, which are performed every three years). In addition, beginning January 1, 2024, CMS will deactivate a Medicare provider or supplier's billing privileges after six consecutive months of Medicare non-billing. Deactivation means the provider's or supplier's billing privileges are stopped but not revoked. This means that billing privileges can be restored or reactivated upon the submission of information required under 42 CFR § 424.540. Specifically, a deactivated provider or supplier must recertify that its Medicare enrollment application is correct, provide any appropriate missing information, and maintain compliance with all applicable Medicare enrollment requirements. It is important for hospices to be aware of physician enrollment approval periods. Additional information about Medicare revalidations can be found on CMS's webpage [here](#).

Q14. Does a Medicare beneficiary need to select a new attending physician if their chosen physician is not Medicare enrolled or validly opted-out?

- A. In the fiscal year (FY) 2024 Hospice Wage Index final rule, CMS stated, "The beneficiary would not only retain the ability to select a new attending physician if their chosen one is unenrolled/non-opted out but also need not choose to have one at all." [88 FR 51164 at 51188](#). This means that in these situations for the initial benefit period, a patient should be offered the choice of a new attending physician or to have no attending physician.

References:

- Medicare Claims Processing Manual, Chapter 11, rev. June 15, 2023, <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c11.pdf>
- CMS, Implement Edits on Hospice Claims, Change Request 13342, May 10, 2024, <https://www.cms.gov/files/document/r12636otn.pdf>
- CMS, Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment, Change Request 13531, May 10, 2024, <https://www.cms.gov/files/document/r12635cp.pdf>
- CMS, MLN Matters Number: MM13531, Hospice Claims Edits for Certifying Physicians, May 10, 2024, <https://www.cms.gov/files/document/mm13531-hospice-claims-edits-certifying-physicians.pdf>
- CMS, Medicare Learning Network, Medicare Payment Systems, Hospice Payment System & Coverage, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/html/medicare-payment-systems.html#Hospice>
- CMS, Hospice Certifying Physician Enrollment Q&A Document, June 6, 2024, <https://www.cms.gov/files/document/hospice-certifying-enrollment-faqs.pdf>

Hospice Claim Form Reporting Guide

Key:

Practitioner		Claims Form Field	
<ul style="list-style-type: none"> • Attending MD/DO = Patient's designated attending physician • Attending NPP = Nurse practitioner or physician assistant who has been designated as the patient's attending physician • Hospice Physician = Certifying hospice medical director or certifying physician member of the interdisciplinary group (IDG) 		<ul style="list-style-type: none"> • Attending Physician = Attending Physician field • Other Physician = Other Physician field (paper claim)/Referring Physician field (electronic claims) 	
Date	Benefit Period	Practitioner	Claim Form Location
June 3, 2024 – Oct. 6, 2024*	Initial	Attending MD/DO	Attending Physician ¹
		Hospice Physician, when patient has <i>no</i> Attending MD/DO	Attending Physician ¹
		Hospice Physician, when also designated as Attending MD/DO	Attending Physician ²
		Hospice Physician, when patient has Attending MD/DO	Other Physician ²
		Attending NPP	Other Physician ³
	Subsequent	Attending MD/DO	Leave Other Physician blank ⁴
		Hospice Physician, when patient has <i>no</i> Attending MD/DO	Attending Physician ¹
		Hospice Physician, when also designated as Attending MD/DO	Attending Physician ²
		Hospice Physician, when patient has Attending MD/DO	Attending Physician ⁴
		Attending NPP	Other Physician (optional) ⁴
Oct. 7, 2024+	Any	Attending MD/DO	Attending Physician ⁵
		Hospice Physician, when patient has <i>no</i> Attending MD/DO/NPP	Attending Physician ⁵
		Hospice Physician, when also designated as Attending MD/DO	Attending Physician ⁵
		Hospice Physician, when patient has Attending MD/DO/NPP	Other Physician ⁵
		Attending NPP	Attending Physician ⁵ (see below for initial certification claim) [†]

*The use of occurrence code 27 is recommended for all claims dated June 3, 2024 or after and submitted prior to or on October 6, 2024.

† The effect of edit logic in Change Request 13531 would result in a denial of an initial certification claim if an NPP is listed in the attending physician field because these practitioners cannot certify a beneficiary's terminal illness under the hospice benefit. See Business Requirement 13531.4.

¹ See Medicare Claims Processing Manual, Chapter 11, Section 30.3, rev. June 15, 2023 (“Attending Provider Name and Identifiers . . . The hospice shall enter the NPI and name of the attending physician designated by the patient as having the most significant role in the determination and delivery of the patient's medical care. If there is no attending physician listed, then the hospice shall report the certifying MD.”).

² See Medicare Claims Processing Manual, Chapter 11, Section 30.3, rev. June 15, 2023 (“Other Provider Name and Identifiers . . . The hospice enters the NPI and name of the hospice physician responsible for certifying that the patient is terminally ill, with a life expectancy of 6 months or less if the disease runs its normal course. Note: Both the attending physician and other physician fields should be completed unless the patient's designated attending physician is the same as the physician certifying the terminal illness. When the attending physician is also the physician certifying the terminal illness, only the attending physician is required to be reported.”).

³ See Medicare Claims Processing Manual, Chapter 11, Section 30.3, rev. June 15, 2023 (“Other Provider Name and Identifiers . . . If the attending physician is a nurse practitioner or physician assistant, the hospice enters the NPI and name of the nurse practitioner or physician assistant.”).

⁴ See CMS Medicare Learning Network, Medicare Payment Systems, Hospice Payment System & Coverage, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/html/medicare-payment-systems.html#Hospice> (last visited June 6, 2024); CMS, Hospice Certifying Enrollment – Questions and Answers (Q & A) Document, June 6, 2024, <https://www.cms.gov/files/document/hospice-certifying-enrollment-faqs.pdf>.

⁵ See Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment, Change Request 13531, Section 30.3, May 10, 2024 (“Attending Provider Name and Identifiers . . . The hospice enters the name and provider identifier of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care. The patient's designated attending physician could be an independent physician, hospice physician, a nurse practitioner, or physician assistant. If there is no attending physician listed, then the hospice shall report the hospice certifying/recertifying physician.”). See also CMS, Hospice Certifying Enrollment – Questions and Answers (Q & A) Document, June 6, 2024, <https://www.cms.gov/files/document/hospice-certifying-enrollment-faqs.pdf>.